COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services

DPP-278
(R 10/05)

PROFILE OF FAMILY CARE HOME

A. IDENTIFYING DATA

Name_____ Address_____
Phone ( )_____ _____
Length of time at this address_____ _____
Age_____
HOUSEHOLD MEMBERS AGE RELATIONS
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

B. RELIEF PERSON Name_____ Phone_____
Address_____ Relationship_____

C. APPLICANT/OPERATOR

Previous experience as a foster parent, caretaker, nurse aid or family care operator.
Yes____ No____ If yes, elaborate _____
_____
Level of Education _____
Health problems Yes____ No ____ If yes, elaborate
_____
_____
_____

D. SAFETY FACTORS

Guns or other weapons kept in the home? Yes_____ No_____
Are weapons kept in a locked cabinet? Yes_____ No_____
CONTINGENCY PLANS:
\1. Fire Yes____ No____
2. Illness Yes____ No____
3. Medical Emergencies Yes____ No____
DOES THE APPLICANT/OPERATOR HAVE SOME AWARENESS OF:
1. Community Resources Yes____ No____
2. Psychiatric Disorders Yes____ No____
3. Special Needs of the Elderly Yes____ No____
4. Medications Yes____ No____

Will applicant/operator provide or secure transportation to the doctor, etc? Yes___ No___
Are there pets in the home? Yes___ No___ If yes, list number and kind_____

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E. RESIDENT ACTIVITY

Resident will be permitted/encouraged to:

1. Eat meals with family? Yes___ No___
2. Be included in activites? Yes___ No___
3. Have access to kitchen? Yes___ No___
4. Have access to TV? Yes___ No___
5. Have access to living room? Yes___ No___
6. Have access to phone? Yes___ No___

F. TYPE OF RESIDENTS ACCEPTED (Check the appropriate choices)

Male _____ Female _____
Private Pay Only_____ History of Alcoholism _____
Use of Tobacco _____ Under Age of 50 _____
Emotional/Mental Health Problems _____
If resident transfers during the month will charges for remaining days be refunded? Yes___ No___

G. PHYSICAL STRUCTURE

Neighborhood:
Urban _____
Rural _____
Suburban____

Appearance:
House in good repair? Yes____ No____
Furnishings adequate and in good condition? Yes___ No___
Air conditioning? Yes____ No____

Housekeeping standards? Excellent___ Good___ Fair___ Poor___
Number of rooms _____
Location of resident's bedrooms: _____
Private _____ Semi-Private _____
Yard accessible to residents? Yes___ No___
Yard fenced? Yes___ No___
Porches accessible to residents? Yes___ No___
Will residents need to climb stairs? Yes___ No___
If yes, explain _____
Is residence wheelchair accessible? Yes___ No___

H. COMMENTS AND RECOMMENDATIONS

_____
_____
_____
_____
_____

WORKER'S SIGNATURE_____ **DATE**_____